	PTO/SB/05 (11-00)				
Please type a plus sign (+) inside this box	Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE				
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UTILITY	Attorney Docket No. IS6-001				
PATENT APPLICATION	First Inventor Lane A. Bray				
TRANSMITTAL	Title Methods of Fabricating Brachytherapy Implant				
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No. EL 979978206 US				
APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231				
See MPEP chapter 600 concerning utility patent application contents.  Fee Transmittal Form (e.g., PTO/SB/17)	7. CD-ROM or CD-R in duplicate, large table or				
1. (Submit an original and a duplicate for fee processing)	Computer Program (Appendix)				
2. X Applicant claims small entity status. See 37 CFR 1.27.	Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary)				
Specification [Total Pages 56]  3. X Specification [Total Pages 56]	Computer Readable Form (CRF)				
- Descriptive title of the invention Plus title page	b. Specification Sequence Listing on:				
<ul> <li>Cross Reference to Related Applications</li> <li>Statement Regarding Fed sponsored R &amp; D</li> </ul>	i. CD-ROM or CD-R (2 copies); or				
<ul> <li>Reference to sequence listing, a table,</li> </ul>	ii. paper				
or a computer program listing appendix - Background of the Invention	c. Statements verifying identity of above copies				
<ul> <li>Brief Summary of the Invention</li> <li>Brief Description of the Drawings (if filed)</li> </ul>	ACCOMPANYING APPLICATION PARTS				
- Detailed Description	9. X Assignment Papers (cover sheet & document(s))				
<ul> <li>Claim(s)</li> <li>Abstract of the Disclosure</li> </ul>	10. 37 CFR 3.73(b) Statement (when there is an assignee) X Power of Attorney				
Formal [7]	11. English Translation Document (if applicable)				
4. [X] / Blamma(o) (55 5.5.5. 115) [ 15tal 5.15515	Information Disclosure X Copies of IDS				
5. Oath or Declaration [ Total Pages 8 ]	Statement (IDS)/P10-1449 (articles only				
a. LXI Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d))	13. X Preliminary Amendment				
b. (for continuation/divisional with Box 18 completed)	14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
DELETION OF INVENTOR(S)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR	Request and Certification under 35 U.S.C. 122				
1.63(d)(2) and 1.33(b).	(b)(2)(B)(i). Applicant must attach form P1O/SB/35				
6. Application Data Sheet. See 37 CFR 1.76	or its equivalent.  Check for \$1,524.00				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,					
or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP)	of prior application No.:				
Prior application information: Examiner	Group Art Unit:				
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
19. CORRESPOND					
X Customer Number or Bar Code Label: 021567	or Correspondence address below				
Name Mark S. Matkin					
Wells St. John P.S.					
Address 601 West First Avenue, Suite 13	00				
0"	State WA Zip Code 99201-3828				
Орокато	Fay I and a control				
Tel	ephone   509-624-4276   Fax   509-838-3424				
Name (Print/Type) Mark S. Matkin	Registration No. (Attorney/Agent) 32,268				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL		Compl te if Kn wn	
_		Application Number	Unknown
for FY	2003	Filing Date	Filed Herewith
Patent fees are subject to annual revision.  Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  See 37 C.F.R. §§ 1.27 and 1.28.		First Named Inventor	Lane A. Bray
		Examiner Name	Unknown
		Group / Art Unit	Unknown
TOTAL AMOUNT OF PAYMENT	(\$)1,524.00	Attorney Docket No.	IS6-001
METHOD OF PAYMENT	(check one)	FEE C	ALCULATION (continued)

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit	3. ADDITIONAL FEES  Large EntitySmall Entity Fee Fee Fee Fee Code (\$) Code (\$)  Fee Description	Fee Paid		
Account Number 23-0925	Code (\$) Code (\$)  105 130 205 65 Surcharge - late filing fee or oath	0.00		
Deposit Account Wells St. John D.S.	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.	0.00		
Account Name Wells St. John P.S.	139 130 139 130 Non-English specification	0.00		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147 2,520 147 2,520 For filing a request for reexamination	0.00		
2. X Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to Examiner action	0.00		
X Check Money Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	0.00		
FEE CALCULATION	115 110 215 55 Extension for reply within first month	0.00		
1. BASIC FILING FEE	116 380 216 190 Extension for reply within second month	0.00		
Large Entity Small Entity	117 870 217 435 Extension for reply within third month	0.00		
Fee Fee Fee Fee Description	118 1,360 218 680 Extension for reply within fourth month	0.00		
101 600 201 245 1886 68-	128 1,850 228 925 Extension for reply within fifth month	0.00		
106 310 206 155 Design filing fee 385.00	119 300 219 150 Notice of Appeal	0.00		
107 480 207 240 Plant filing fee	120 300 220 150 Filing a brief in support of an appeal	0.00		
108 690 208 345 Reissue filing fee	121 260 221 130 Request for oral hearing	0.00		
114 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding	0.00		
	140 110 240 55 Petition to revive - unavoidable	0.00		
SUBTOTAL (1) (\$) 385.00	141 1,210 241 605 Petition to revive - unintentional	0.00		
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	0.00		
Fee from Ext <u>ra Claims below Fee Paid</u>	143 430 243 215 Design issue fee	0.00		
Total Claims 123 -20** = 103 X 9 = 927	144 580 244 290 Plant issue fee	0.00		
Independent $7 - 3^{**} = 4 \times 43 = 172$	122 130 122 130 Petitions to the Commissioner	0.00		
Multiple Dependent =0	123 50 123 50 Petitions related to provisional applications	0.00		
**or number previously paid, if greater, For Reissues, see below  Large Entity Small Entity	126 240 126 240 Submission of Information Disclosure Stmt	0.00		
Fee Fee Fee Fee Description	581 40 581 40 Recording each patent assignment per			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	property (times number of properties)  146 690 246 345 Filing a submission offer final microsion	40.00		
102 78 202 39 Independent claims in excess of 3	745 690 246 545 Filing a submission after final rejection (37 CFR § 1.129(a))	0.00		
104 260 204 130 Multiple dependent claim, if not paid	149 690 249 345 For each additional invention to be examined (37 CFR § 1.129(b))	0.00		
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)	<del></del>		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	0.00			
		0.00		
SUBTOTAL (2) (\$) 1,099.00 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00				
SUBMITTED BY Complete (if applicable)				
Name (Print/Type) Mark S. Matkin	Registration No. 32.268 Telephone 509-624-	4276		
Signature Date ////2//3				

SUBMITTED BY		Complete (if applicable)
Name (Print/Type) Mark S. Matkin	Registration No. 32,268 (Attorney/Agent)	Telephone 509-624-4276
Signature Manual Control	3/1/	Date 11/12/03
WARNING:		

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